PART B - FEE(S) TRANSMITTAL

* Complète and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

02/25/2004

Poulsen Roser A/S 620 South Front Street Central Point, OR 97502



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Certificate of Maining or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) Rynea (Signature (Date)

APPLICATION NO. CONFIRMATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 10/685,543 10/14/2003 L. Pernille Olesen FL002 - APP 4955

TITLE OF INVENTION: FLORIBUNDA ROSE PLANT NAMED 'POULFL002'

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	YES	\$320		\$0	\$320	05/25/2004				
					1					
EXAMINER		ART UN	IT .	CLASS-SUBCLASS	J					
HWU	1661		PLT-149000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
' Poulse	en Roser A/S		F	redensborg, D	enmark					
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the p	oatent); 🗅 individual 📽	corporation or other private g	roup entity 🚨 government				
4a. The following fee(s) are	enclosed:	4b	. Payment of							
Dissue Fee	\sim 7		A check i	n the amount of the fee(s) is end	closed.					
☐ Publication Fee	X		☐ Payment	by credit card. Form PTO-2038	is attached.					
Advance Order - # of Copies										
Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.										
other than the applicant; interest as shown by the re This collection of informs obtain or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT S	d Publication Fee (if requir a registered attorney or ag cords of the United States Pa atton is required by 37 CFR by the public which is to fi y is governed by 35 U.S.C. I tes to complete, including g m to the USPTO. Time wi the amount of time you this burden, should be sent Office, U.S. Department SEND FEES OR COMPLE for Patents, Alexandria, Vir	ent; or the assigne atent and Trademar 1.311. The informile (and by the US 22 and 37 CFR 1.1 athering, preparing III vary depending require to complet to the Chief Inform of Commerce, ATED FORMS TO	cepted from the or other p	party in 7 04/22/2004	FMETEKI2 00000024 108	.85543 320.00 OP				

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PTO/SB/21 (02-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
the Paperwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/685,543 **TRANSMITTAL** Filing Date 10/14/2003 **FORM** First Named Inventor L. Pernille Olesen Art Unit (to be used for all correspondence after initial filing) 1661 Examiner Name June Hwu Attorney Docket Number POULFL002 3 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)								
~	Fee Transmittal Form			Drawing(s)	nce communication			
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) arks ress Mail No. 374 923 646 US	Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): \$320 Check for Issue fee payment Return Receipt Postcard				
ш	Incomplete Ap	`						
Response to Missing Parts under 37 CFR 1.52 or 1.53						*		
		SIGNA	TURE	OF APPLICANT, ATTORNEY, O	DR AGE	NT		
Firm or Individual name Poulsen Roser Pacific Inc.								
Signat	Signature							
Date	Date 19 April 2004							
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Typed or printed name Ken Rynearson								
Signature		<u></u>			Date	19 Apr 04		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

40 Recording each patent assignment per

385 Filing a submission after final rejection (37 CFR 1.129(a))

385 For each additional invention to be examined (37 CFR 1.129(b))

900 Request for expedited examination

of a design application

property (times number of properties)

Request for Continued Examination (RCE)

EATHER TO A NICHITTA		Complete if Known					
FEE TRANSMITTA	ᄂᆝ	Application Number 10/685,543					
for FY 2004		Filing	Filing Date		10/14/2003		
Effective 10/01/2003. Patent fees are subject to annual revision.		First Named Inventor		Invent	tor L. Pernille Olesen	L. Pernille Olesen	
<u> </u>	_	Examiner Name		ame	June Hwu	June Hwu	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			1661	1661	
TOTAL AMOUNT OF PAYMENT (\$) 320		Attorney Docket No. POULFL002					
METHOD OF PAYMENT (check all that apply)				FEE	CALCULATION (continued)		
Check Credit card Money Other None			ONAL		s		
Deposit Account:			Small				
Deposit Account 501828	Fee Code		Fee Code	Fee (\$)	Fee Description Fee	Paid	
Number	1051	130	2051	65	Surcharge - late filing fee or oath		
Deposit Account	1052	50	2052		Surcharge - late provisional filing fee or cover sheet		
Name The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification		
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812 2	2,520 F	For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804		Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805		Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252		2252	210	Extension for reply within second month		
Large Entity Small Entity	1253		2253		Extension for reply within third month		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$)		1,480	2254		Extension for reply within fourth month	\longrightarrow	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401		2401		Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402		2402		Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403		2403		Request for oral hearing		
1005 160 2005 80 Provisional filing fee		1,510	1451		Petition to institute a public use proceeding		
SUBTOTAL (1) (\$)	1452		2452		Petition to revive - unavoidable	\dashv	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2453 2501		Petition to revive - unintentional		
Fee from Ext <u>ra Claims below</u> Fee Paid	1501	•	2501		Utility issue fee (or reissue) Design issue fee		
Total Claims -20** = X =	1503		2503		Plant issue fee 320	,	
Independent - 3** = X = X	1460		1460		Petitions to the Commissioner	$\neg \neg$	
Multiple Dependent	1807	50	1807		Processing fee under 37 CFR 1.17(q)	$\neg \neg$	
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt		

**or number prev	iously paid, if greater; For		ues, see abo	vθ	*Reduced by Basic Filing Fee Paid	SUBTOTAL	(\$) 320
SUBMITTED BY		/ .	7 7			(Complete	(if applicable))
Name (Print/Type)	Ken Rynearson	/			Registration No. (Attomev/Agent)	Telephone	541 245-8050
Signature		$ \mathbf{z} $				Date	19 April 2004

8021

1809

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1802

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Other fee (specify)

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Fee

1202

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1203 290

1204

1205

Code (\$)

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Code (\$)

2202

2201

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145

Fee Description

Claims in excess of 20

over original patent

and over original patent

Independent claims in excess of 3

Reissue independent claims

Reissue claims in excess of 20

(4)

Multiple dependent claim, if not paid